

# State of Wyoming

## REQUEST FOR PAY APPROVAL

All personnel actions affecting employee pay, title, or classification, require agency submission of a Request for Pay Approval form. This includes, but is not limited to: new hires, rehires, promotions, reappointments, reclassifications, and special pay adjustments. The Request for Pay Approval form must be submitted to Department of Administration & Information (A&I), Human Resources Division (HRD) for review. Submission of the form does not necessarily mean the personnel action will be approved. Prior approval by A&I Budget Division is required for all personnel actions that are over the position's budgeted amount. Prior approval by the A&I HRD Administrator is required on all personnel actions which are an exception to the State of Wyoming Compensation Policy (refer to the State of Wyoming Compensation Policy, Chapter 1, Section 5).

Employee Name		SSN	Recruit ID	Agency #	PORG	Cur Pos #	New Pos #
Personnel Action	Personnel Reason		Effective Date	(WYDOT/G&F only) indicate Position type: <input type="checkbox"/> Commission <input type="checkbox"/> Legislative			
Current Class Code	Grade	Current Pay	Special Pay Adjustments (Non-Base Pay Only): <input type="checkbox"/> Specialty Team <input type="checkbox"/> Temporary Additional Duties <input type="checkbox"/> Certification <input type="checkbox"/> Interim Appointment Amount of Adjustment: \$ _____ Exp Date: _____				
Proposed Class Code	Grade	Proposed Pay					
		\$					
		\$					
<b>Justification (Required for all Pay Adjustments)</b>							
Budget Approval: Does the proposed salary rate exceed the rate funded in your budget? Yes _____ No _____  Budget Amount (mo): _____ Budget Org _____ Funding Source: General ____% Federal ____% Other ____% Proposed Amount (mo): _____ Plus Benefits (at 22%): _____ Months Remaining in Biennium: _____ Total Increase in Budget for the remainder of the Biennium: _____  Proposed source of funding: _____							
<b>Approved:</b>				<b>Denied:</b>			
<b>A&amp;I Budget Analyst:</b>				<b>Date:</b>			
<i>By signing this Request for Pay Approval form, the agency head approves the pay adjustment, certifies that the funds are available in the agency's budget to support the adjustment and understands that this adjustment may result in a reduction of future standard budgets.</i>							
Supervisor Signature		Date	Agency Human Resources Office Signature (Mandatory)			Date	
Agency Budget Office (Mandatory)		Date	Agency Head or Designee Signature (Mandatory)			Date	
A&I Human Resources Signature (Required for all exceptions to State Compensation Policy)		Date	Employee Signature (Mandatory on pay reductions)			Date	